

Montana Board of Housing
200_ Multi-Family/Low Income Housing Tax Credit
Information Update

Project Name_____

1. Owners' complete name and address:

Phone Number:()

Fax Number()

E-mail

Contact Person:

2. Project Management address:

Phone Number:()

Fax Number()

E-mail

Contact Person:

On site contact/management address:

Phone Number:()

Fax Number()

E-mail

Contact Person:

Additional:

Phone Number:()

Fax Number()

E-mail

Contact Person:

Date:

Title and print name:

Signed:

